

Arizona State Trails System Volunteer Monitoring Form

Trail Name and/or Number _____		Trail Damage		Yes	No
Method of Travel circle one		Moderate - Severe Erosion		_____	_____
Horseback	Foot	Drainage structures need repair		_____	_____
Other	Mtn Bike			_____	_____
		Trail Signage		Yes	No
Date	_____	Adequate amount		_____	_____
Report completed by	_____	Adequate information		_____	_____
E-mail Address	_____	Damaged		_____	_____
Overall Trailhead Conditions (circle one)					
Overall Trail Grade	Good	Fair	Good	Fair	
	Poor	Unsafe	Poor	Unsafe	
Did you observe any of the following					
	Yes	No	Please provide any additional comments you have regarding the trail, access, conditions or safety concerns:		
Litter	_____	_____			
Vandalism	_____	_____			
Shortcutting/Social Trails	_____	_____			
Trail Obstructions		Yes	No		
Large fallen rocks	_____			Mail Completed Form to:	
Fallen trees	_____			State Trails Coordinator	
overgrown vegetation	_____			Arizona State Parks	
other	_____			1300 W. Washington St	
				Phoenix, AZ 85007	

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